vasomotor and secretory disturbances were exceptional. The visual field was found to be narrowed in five cases. Analgesia to energetic faradization lasted several minutes, and its gradual disappearance coincided with the return of motility. This mode of treatment was efficacious in every case, a cure being effected, in some instances, by one application.

2. *Extension in Nervous Diseases.*—"What is the effect of suspension upon the nervous system in general, and upon the spinal cord in particular?" is the question the author proposes for solution. Hegar, the originator of treatment by elongation, holds that the spinal column is lengthened 35 m.m. or more when the body is bent toward the lower extremities, and that the dura mater participates in this elongation to the extent of 25 to 34 m.m. The favorable effects of this method of treatment is regarded by most observers as due to cerebro-spinal hyperemia. Bogroff is quoted as stating that "Suspension acts by production of hyperemia and elongation of the neuroglia; that is, as a mechanical measure which alters in a special manner the nutrition of diseased tissue. Measurements of human subjects, taken in Charcot's clinic, before and after extension, are tabulated by the writer, and show a difference in degree of elongation between the cervical and dorsal regions, the change in the former being generally greater. Though the anatomo-pathologic influence of extension may be questioned, the author believes its influence upon symptomatology is undoubted. Raymond says: "Of all methods of treatment applied to tabes dorsalis, suspension is the most hopeful." A long list of observers record respectively, improvement in incoördination, insomnia, Romberg's symptom, paresthesia and anesthesia, vesical and rectal disturbances, vertigo, hearing, ocular affections, etc., from treatment by extension. Contra-indications to suspension as formulated by Raymond, are given as follows: (1) Cardio-vascular lesions in tabetics; (2) tubercular and emphysematous conditions; (3) apoplectiform or epileptiform attacks; (4) anemia and tendency to vertigo or syncope; (5) obesity. The writer concludes that extension is the only form of suspension which should be retained as an indispensable therapeutic measure in the treatment of nervous diseases; its application by means of the inclined plane being most desirable, and that therapeutically it should rank with the classical remedies, electro-therapeutics, specific treatment, etc, and should be essayed in all cerebro-medullary affections.

R. L. Fielding (New York).

Rivista di Patologia Nervose e Mentale.

(1902. Vol. 7, fasc. 1, January.)

1. Comparative Study of Corpuscular Resistance in the Insane and Normal Aged. G. Obici.
2. Clinical and Histological Facts Concerning Softened Areas Surrounding Certain Tumors. G. B. Pellizzi.

1. *Corpuscular Resistance.*—This article deals with the question of hemolysis in the aged, the method used for establishing the hemolytic process being that of Hamburger-Mosso, with Viola's modification. The fact has been established that not all red cells are alike isotonic, and that all do not give up their chromatic substance to solutions of the same concentration; thus has arisen the distinction between corpuscles of medium resistance spoken of technically as R. M. and those of minimum resistance R. Min. Deductions drawn from the present study were that: (1) R. M. in healthy individuals

remains within normal limits up to the seventieth year, when it decreases; (2) pathological senility manifested only by feeble mentality without complication of other grave psychical or physical disturbances, has no influence upon the hemolytic process in old age. (3) Increase in R. M., which indicates in certain conditions presence in the blood of a large number of young cells, may have a pathological character and even render the prognosis unfavorable in some cases, as does diminished corpuscular resistance ordinarily.

2. *Softened Areas Surrounding Tumors.*—This paper gives the findings at autopsy and histological examination in a case of epilepsy beginning after the fortieth year followed by monoplegia, hemiplegia and final dementia. A tumor was found in the motor area of the right side of the brain, occupying a cavity filled with transparent pale yellow fluid, containing fragments of softened neural tissue. The diagnosis of brain tumor was not made during life. A peculiar clinical feature was entire absence of the most characteristic symptoms of cerebral tumor, there being no headache, vomiting, or subjective disturbance of the organ of vision. An interesting study of manifestations in life, viewed in the light of post-mortem findings, is given. The histological analysis is too extended to be given within the limits of this abstract; suffice it to say that the tumor was an endothelioma developed from the meninges, rich in elements of probable sarcomatous nature and devoid of nervous elements; the surrounding liquid containing polynuclear neuroglia cells and fragments of neural fibers, etc. Noteworthy is the slow progress of the malady, the patient surviving twenty-five years after the onset of symptoms. R. L. FIELDING (New York).

Neurologisches Centralblatt.
(1902. February 1, No. 3.)

1. Further Contribution to Asthenic Paralysis, with one Autopsy. S. GOLDFLAM.
2. Concerning the Eye-reflex, or the Eye Phenomenon. By v. Bechterew.
3. The Corneo-mandibular Reflex. By v. SÖLDER.
4. A Case of Early Tabes. By M. BLOCH.

1. *Asthenic Paralysis.*—A report of an interesting, but not unusual case of asthenic bulbar paralysis, with a very careful clinical and pathological report. A discussion of the latter is carried over to the following number.

2. *The Eye-reflex.*—Von Bechterew discusses in this article the reflex described last year by McCarthy as the supraorbital reflex, and claims priority of discovery, although he admits that outside of the Society reports he had not published his paper until after the publication above referred to. He agrees that the reflex is partly a true nerve reflex, and partly due to a mechanical irritation transmitted along periosteal, muscle and tendon fibers to the orbicularis muscle. He insists that the reflex may be elicited from the temporo-frontal region, the nasal region, and not seldom from the zygomatic arch.

3. *Corneo-mandibular Reflex.*—Sölder describes a new reflex in the distribution of the fifth nerve. It is elicited by corneal irritation and results in a slow, sometimes a quick, lateral movement of the inferior maxilla. The jaw must be held partially open and released. The reflex arc consists of the first branch of the trifacial, the fifth nu-